	)	PHYSI-
	K ORD	d EXACTLY,
SINDING	PERMAN	thould be state
MARGIN RESERVED FOR BINDING	WRITE PLAINEY, ATH UNFADING INKTHIS IS A PERMAINT ROORD	try Itom of Information should be carefully supplied ACE should be stated EXACTLY, PHYSI-ANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact
	WRITE PLAINEY,	ry Itom of Information

PHYSI-	PLACE OF DEATH County Costaline	(12996) STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 63
TT KOORD stated EXACTLY, Properly classified.	Village or Faculate Eliza	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of a street and number.)
T I ated	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MA! MA! d be	Fuele while Single, Married Widoweb.  OR DIVORCED (Write the word)	(Month) (Day) (Year)  I HEREBY CERTIFY, That I attended the deceased from
PER PER Should son	6 DATE OF BIRTH  (Month) (Day), 1886  (Year)	mch 5 1951 to Mich 12 1921.  that I last saw h da alive on Mich 12 1921.
RVED FOR supplied ACE terms so that	7 AGE  If LESS than I day hrs. or min.?	The CAUSE OF DEATH * was as follows:
WRITE PLAINEY, OTH UNFADING INKEvery Item of Information should be carefully supportant of OCCUPATION is very important. See statement of OCCUPATION is very important. See	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  (Address)  15 Filed Male 144 1931 - Canada Male Canada  (Address)	(Duration)  (Duration)  (Duration)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Ourstion)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Ourstion)  (Signed)  (Signe
) z	If more blanks are needed, addross State Registrate	No W. Saratosa St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servent, Cook to report specifically the occupations of ployed, as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager." 'Pical-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (TE Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a c," etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully yrs). Farm leborer, without more precise specification as (b) For persons who have no occupation Automobile Laborer-Coal mine, etc. factory. The material Salcsman. Locomotive engineer, But in many duties of the (b) Grocery; persons en-Won-

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrashial fever (the only definite synonym is "Epidemic cetebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "uphoid fever (never report "Typhoid Pneumonia"); "uphoid fever (never report "Typhoid Pneumonia");

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," Whooping cough; Chronic valualar heart telunus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all " Uraemia, "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (discase (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, menand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY Chronic interstitial nephritis, American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-"" "Weakness," etc., when a definite disease etc. The contributory valvular heart disease; affection need Measles; not etc., or

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

BUREA

PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE  MADRORCED  MONORCED  (Write the word)  5 DATE OF BIRTH  (Month)  (Day)  7 AGE  (Month)  (Day)  (Month)  (Day)  7 AGE  (Month)  (Day)  (Month)  (Day)  FATHER  (State or country)  10 NAME OF FATHER  (State or country)  11 BIRTHPLACE  (State or country)  12 MAIDEN NAME OF MOTHER  (State or Country)  13 BIRTHPLACE OF MOTHER  (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)	Vil	lage or Ci	y Bu	evelle	Li (No.	
Male  Male  Male  Male  Mapried  Mapried  Mapried  Mapried  Mapried  Mapried  Write the word  Write				0	us. A	13
Male While Washerced  (Write the word)  (Month) (Day)  (Month) (Da	=	PERSO	NAL AND	STATISTIC	AL PARTICU	JLARS
(Month) (Day)  (Month) (Day)  7 AGE  70 yrs. 5 mos. 9 ds. or  8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)				11 - 1	SINGLE, MADRIED, WINDWORCEL (Write the word	i
7 AGE  8 If LES  1 Iday  1 AGE  9 AGE  1 AGE	6 1	DATE OF B	RTH	Oct (Month)	19 (Day)	, 1.
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  14 Dacklan Ma	7 /	NGE	70 v	- 5- m	9 de	If LES
FATHER William Sillan  II BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  The Mother of Mother of My Knowledge	( F	a) Trade, p articular ki	oroteasion or ind of work		Treuch	au
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  15 A Dulle	( F ( b v	a) Trade, particular ki b) General business, or which emplo	orotession or ind of work, nature of in- establishmen byed or (empl	dustry it in loyer)		ou.
13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)  (Informant)  (Informant)	( F ( b v	a) Irade, particular ki b) General business, or which emplo BIRTHPLAC (State or c	orotession or ind of work nature of in establishmen eyed or (empl Eountry)	dustry it in loyer)		low
(Informant) The J. A. Belle	RENTS 6	a) Irade, practicular kericular keri	or country)  OF R PLACE HER or country)  NAME	dustry it in loyer)		leu
	ARENTS 6	a) Irade, particular karticular k	or of country)  OF R  PLACE (HER Or country)  NAME (THER PLACE THER	dustry it in loyer)		lau vi

STATE OF MARYLAND

St.:

CERTIFICATE OF DEATH

Registration D	dist.	No	6/	
Ward)	tio	n. give	occurr or in its NAM street	IE in-

lugo:	number.	)
MEDICAL CERTIF	ICATE OF DEAT	н
16 DATE OF DEATH MAR	ch 28	, 1941
(Mo	onth)(Day)	(Year)
Track 23 1931.	· march	28 , 192]
that I iast saw haiive on	March	
and that death occurred on the de	ata stated above, at	11130
The CAUSE OF DEATH * was as f		
Olsekal (	Jasaley S	
Contributory Secondary	6/10	mos. 6 de
100	donist ? vie	M.C
*State the Disease Causin Violent Causes, state (1) Mea Accidental, Suicidal or Homicidal.		
18 LENGTH OF RESIDENCE (For		
At place of deathyrsmosds.	In the Stateyrs	mosde

At place of deathyrsmosds.	In the Stateyrsmos
Where was disease contracted, if not at place of death?	ww.4652452200200000000000000000000000000000

Former or usual reside	nce.				
19 PLACE	OF	BURIAL	OR	REMOVAL	

Wesley Comeley	Frels. 31, 1931
D. B. Danger	Green for a

, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. ," etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinul Typhoid fever (never report "Typhoid Pneumohia" fever (the only definite synonym is "Epidemic cerebro-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the pisto time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Islanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature Measles;

answered in detail, it will prevent further correspondence. data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all questions

PLACE OF DEATH County Caroline	02998 STATE OF MARYLAND CERTIFICATE OF DEATH
Near III DO DIM	Registration Dist. No. 6 H
Village or City Tederal hura, (No. K, J. U.	St.: Ward) (If death occurred in a hospitel or institu-
2FULL NAME Daviel & Bo	tion, give its NAME In- stead of street end number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wale, White Single.  MARRIED, WIDOWED. Married, OR DIVORCED (Write the word)	16 DATE OF DEATH \( \text{\( \text{Month}\) \( \text{\( \text{Day}\) \( \text{\( \text{Year}\) \\ \\ \text{\( \text{Year}\) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
6 DATE OF BIRTH  (Nonth) (Day) (Year)	17 / I HEREBY CERTIFY, That I attended the deceased from 12 / 12 / 12 / 193/, to May 3 , 1923/, thet I last sew h / M alive on May 3 , 1921,
7 AGE 7   yrs. 5 mos. 28 ds.   If LESS than   day hrs. or min.?	and that doeth occurred on the date stated above, at 7-3.0 H-m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Down Winner
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) / Thos. de.
9 BIRTHPLACE (State or country) Waryland	Contributory  Becondary  Was full Moursion 3 yrs mos de.
10 NAME OF Henry Bondle.	(Signed) (Slanguage M. D. May 3- 1931 Address) Lecturality May
State or country)  12 MAIDEN NAMES	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Transparen Toda	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathyrsmosds. Stateyrsmosds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) W.S. Uddie Sovale.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Tederal Drung Mrd. R. J. T.	Federalsburg And Mar. 6", 1931
Filed Man 5" 1931 Rigistrar	20 UNDERTAKERS. O'SON. Federalsburg.
If more branks are needed, address Stete Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia business, that fact may be indicated thus; Farmer (rcstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewije, Houseer," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL perdonitis, "(Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death (secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

13

OR REMOVAL

ADDRESS

20 UNDERTAKER

If more blanks are needed, address State Registrar, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Peal-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. household only (not paid Housekeepers who receive a Physician, Compositor, Architect, etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile If the occupation has been changed factory. The material Locomotive engineer, But in many (6) (Towery)

Statement of Cause of Death—Name, first, the histerions:

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphilaria (avoid use of "Croup"); Johan pneumonia. Bronchopneumonia ("Pneumonia.");

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tetanus) may be stated under the head of "contributory. curbolic acid-probably suicide. The nature of the injury or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all " Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anacmia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., separa, accident; Revolver wound of head -homicide; Poisoned by Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train .... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on Nomenclature of the "" "Weakness," etc., when a definite disease cough; Chronic Example: Measles (disease affection etc. valvular heart disease; The contributory need ton etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A. Ithe data is essential and must be obtained before the certificate in permanently filed.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANCARD

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more present a laborer. Coal mine, etc. Womshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, c. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesmon. additional line is provided for the latter statement; it Civil engineer. Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH. definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gairfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Lanager," "Deal-Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The Stationary fireman, etc. But in many (6) material Grocery;

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> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease "PUERPERAL seplicaemia," "PUERPERAL perilonitis, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease (secondary or intercurrent) Chronic interstition nephritis, use of "Tumor" for malignant neoplasms); Measles, inges, perilonacum, etc., Carcinoma, Sarcoma,, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory". Whooping cough; carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be aggertained as the cause. Always qualify all approved by Committee on Nomenclature of the or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL. taken. For VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, death), 29 ds.; Bronchopneumonia (secondary) Chronic valvular heart affection need not be etc. The contributory disease; etc., ol

Auswered in detail, it will prevent further correspondence. A ithe permanently filed. If this certificate is looked over thoroughly and all questions

#### PLACE OF DEATH

If more banks are needed, address State Registrar 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

St.: Ward)

Registration Dist. No.

number.)

(If death occurred in a hospital or institu-

tion, give its NAME In-

classified. of certificate. **2FULL NAME** properly PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED. pe rms so that it may be instructions on back WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE Ilf LESS than I day hrs. B OCCUPATION 99 (a) Trade, profession or particular kind of work carefully H in pials (b) General nature of industry business, or establishment in which employed or (employer) import 9 BIRTHPLACE DEAT (State or country) CAUSE OF 10 NAME OF FATHER RENTS OF FATHER of OCCUPATION (State or country) 12 MAIDEN NAME PA OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) pinons Every item CIANS shot

MEDICAL CERTIFICAT	E OF DEATH
16 DATE OF DEATH MON (Month)	7-5 , 1931 (Day) (Year)
17 I HEREBY CERTIFY, That I	
192 to	, 192 .
that I last saw halive on	, 192,
and that death occured on the date sta	ted above, atm.
The CAUSE OF DEATH * was as follows	
3-25 19231 (Address)	Leng & M. D.
*State the Discase Causing De Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	ath, or, in deaths from Injury and (2) whether
1B LENGTH OF RESIDENCE (For Ho ients or Recent Residents)  At place In of death yrsmosds.  Where was disease contracted, if not at place of death?	ospitals, Institutions, Trans- the State yrs de.
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Leutes	3-25,1031
20 UNDERTAKER	ADDRESS

WRITE

FOR

MARGIN RESERVED

UNFADING INK-

supplied

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Gracery, (a) Foreman, (b) Automobile factory. The national should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. eupation is very important, so that the relative health whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Coal: ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a worked on may form part of the second statement. Aever return 'Laborer," "Foreman;" "Manager." "Pouladditional line is provided for the latter statement; it eases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocreport specifically the occupations of persons enfirst line will be sufficient, e. g.. Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer—Coal mine, etc. Wom-For persons who have no occupation Stationary freman, etc. But in many Locomotive engineer, The ques-

Stritement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eere brospinal meningitis"); Diphtheria (avoid use of "Croup.); "uphoid fever (never report "Typhoid Pneumonia"); Lubar pneumonia. Bronchopneumonia ("Pneumonia,")

> as fracture of skull, and consequences (e.g., sepais, tetunus) may be stated under the head of "contributory." "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (seeondary) use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, approved by Committee on Nomenclature (Recommendations on statement of cause of accident; Revolver would of head -homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) .... (name origin; "('ancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, cough; etc., Carcinomu, Chronic etc. valeular heart disease; affection need not be The Sarcona,, etc., of eontributory death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fuiness of various pursuits can be known. The quescupation is very important, so that the relative healthworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it L ture of the business or industry, and therefore an sury to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary stremen, etc. But in many gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occ pations of persons enpioyed, as At school or At home. Cure should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. As examples: (a) sered 6 yes.). For persons who have no occupation I usiness, that fact may be indicated thus: Farmer (re state occupation at beginning of iliness. If retired from or given up on account of the disease causing Death Housemaid, etc. If the occupation has been changed whatever, write None. Statement of Occupation-Precise statement of oc For many occupations a single word or term on without more precise specification as Day -Coal mine, etc. The material

whatever, write None.

Bitacement of Cause of Death—Name, first, the Distacement of Cause of Death—Name, first, the Distace Causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation).

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LAND DEATH

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FOR

MARGIN RESERVED

stated EXACTLY, & properly classified. CORD of certificate. Every Item of information should be carefully supplied. ACE should be CIANS should state CAUSE OF DEATH in plain terms so that it may be statement of OCCUPATION is very important. See instructions on back of ITH UNFADING INK--THIS

N. B.-

County Carolina	CERTIFICATE OF DEATH
	7-a Registration Dist. No. 65
Village or City Lellsbort (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME Ala Al.	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Junale Multe SINGLE, MARRIED, MIDOWED OR DIVORCED (Write the word)	16 DATE OF DEXTH   3,193/, 192 (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Mich. 19:9 to March 13 , 1921, that I last saw h & alive on Such 13 , 1921,
7 AGE  [If LESS than I day hrs. 7 mos. 13 ds. or min.?	
8 OCCUPATION (a) Trade, profession or Particular kind of work	Plemum anema
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs 6 mos ds.
9 BIRTHFLACE (State or country) Constite Country amount	Secondary  Durgson yis mos ds.
10 NAME OF FATHER OSIPH Truly	(Signed) Aut Mirob M. D.  Much 14 1921 (Address) Dunton My
OF FATHER (State or Country) Carsto Conflorman	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Adamstand	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents or Recent Residents)
OF MOTHER The Castil Considerings	At place of deathyrsmosds. In the Stateyrsmosds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Diprovided in the contract of the	usual residence
(Address)	Address ADDRESS
15 Eiled -/ 6 192/ Thereise	Carries When Easton M

If more blanks are needed, addre. s Ltate Keristrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Doy laborer, Farm laborer, Laborer—Coul mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery, (a) Foreman, (b) Automobile foctory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed. as .At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-For many occupations a single word or term on Compositor, Architect, Stationary firemon, etc. Locomotive engineer, But in

business, that tired 6 yrs). For persons whatever, write None.

Statement of Cause of Death—Name, first, the histeries and causation), using always the same acceptance the same disease. Examples: Cerebrospinal avenonym is "Epidemic cerebrospinal avenonym is "Epidemic cerebrospinal"; Statement of Cause of Death—Name, first, the his. prieumonia, Bronchopneumonia ("Pneumonia,

American Medical Association.) use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Enhaustion," "Heart failure," "Ilaemorrhage, atic), "Atrophy," "Collapse, tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of "Uraemia," "Weakness," etc., when a definite disease Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need Chronic valvular heart Example: Measles (disease " "Coma," "Convulsions, etc. The contributory " "Shock," Measles ; not be

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PLACE OF DEATH	STATE OF MARYLAND
County Caroline	CERTIFICATE OF DEATH
	(23) Registration Dist. No. 62
Village or City Johns (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME Clevard fa	eteed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE B HINGLE,  MARRIED,  WIDOWEDGLER  (Write the word)	16 DATE OF DEATH State 9th, 1923/ (Month) (Day) (Year)
6 DATE OF BIRTH 201	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year	that I last saw her alive on the last a 1924
7 AGE	and that death occured on the date stated above, at
29 yrs. 4 mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
a DCCUPATION (a) Trade, profession or particular kind of work	Pulumay Interculor
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs 10 mos de
9 BIRTHPLACE (State or country) (State or country)	Contributory Secondary  (Defiation)
10 NAME OF Phillip Janes	(Signed) S/all Juple M. D. D. W. D.
IN BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME Clisalether Sing	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
18 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos ds. In the State yrs ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) my Elegabeth Joan	Former or usual residence
(Address) Dealan	La Derwood Towe mad. 11:19 3
15 Filed 3 -12 1931 Ren 10 Guys C. Registral	20 UNDERTAKER ADDRESS ADDRESS DEUTON
If more blanks are needed, address State Registrar	, 18 W. Saratoga St., Balto, Requesting V. S. No. 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning cfillness. If retired from additional line is provided for the latter statement; it fulness of various pursuits can be known. cuoation is very important, so that the relative health business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, er," etc., without more precise specification as Day Never return 'Laborer," "Foreman," "Nanager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of ployed, as At school, or At home. Care should be taken household only (not paid Lousekeepers who receive a worked on may form part of the second statement. Physician, first line will be sufficient, . g. Farmer or Planter, Foreman, or At Home, and For many occupations a single word or term on yars). Farm laborer, Laborer-Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many children, not gainfully em--Coul mine, etc. Locomolive engineer, As examples : (a) (b) persons en-The ques-Grocery; Wom-

spinal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia");
the meumonia, Bronchopneumonia ("Pneumoria, Control of the contro fever (the only definite synonym is "Lpidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept Statement of Cause of Death-Name, first, the Dis EASE CAUSING DEATH (the primary affection with respect

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permanently filed. data is essent.al and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions

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1	/ 11
- Comment	

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-St.: Ward) stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIE WIDOX OR DIVORCED (Write the word) (Month) .....(Day).... CERTIFY, That I attended the deceased from 8 DATE OF BIRTH (Month) (Day) (Year) IIf LESS than 7 AGE and that death occurred on the date stated above, at .... I day hrs. The CAUSE OF DEATH was as follows min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER .. (Address) 11 BIRTHPLACE \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the At place of death ......yrs......mos......ds. OF MOTHER (State or Country) Where was disease contracted, if not at place of death?... 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOW Former or usual residence DATE OF BURIAL 20 UNDERTAKE ADDRESS

If more branke ara needed, addrass Stata Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISL EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospital spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. For many occupations a single word or term on especially in industrial employments, it is neces-(b) materia Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dipluheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, "Bronchopneumonia ("Pneumonia,")

tions, such as "Asthenia," "Anaemia" (merely symptom-"(Exhaustion," "Heart failure," "Haemorrhage," "Shock," inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway trainapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-"" "Weakness," etc., when a definite disease Example: Measles (disease Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County Catulane	CERTIFICATE OF DEATH
County	Registration Dist. No. 62
Village or City Man Dentine No	St.: Ward) (If death occurred is a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	
Hemale white or Divorced (Write the word)	Month   19 , 193   (Wenth)   (Day)   (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Month) (Day) (Year)	194. [ . 10
7 AGE III LESS than	and that death occurred on the date stated above, at
8-9 yrs. 4 mos. 1 ds. or min.	
8 OCCUPATION (a) Trade, profession or former to particular kind of work	arteris Colerosio
(b) General nature of industry	20 4
business, or establishment in which employed or (employer)	(Duration) Wyrs T mos de
9 BIRTHPLACE (State or country) Marslenuel	Contributory Secondary  (Durstion) yrs mos ds
10 NAME OF FATHER Plifer Higgsutt	(Signed) That Theothe M. D. M. D. Dauton M. D. D. M. D. D. M. D. M
OF FATHER  Z (State or country) Many Carrol	*State the Discase Causing Death, or, in deaths from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER MARKETONIA	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER OF MOTHER	At place of deathyrsmosds. Stateyrsmosds
(State or country)	Where was disesse contracted, if not at place of death?
(Interment) Programme Prestabett	Former or usual residence.
(Address) Penton, med.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Merch 23193
Filed 3-20 193/ Jag 9 gengle Registra	20 ONDERTAKER ADDRESS
If more b.anka are needed, address State Registra	e, 16 W. Saratogo St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cottan mill; (a) Salesman. (b) Grocorp; (a) Foreman, (b) Automobile factory. The m. cerial fulness of various pursuits can be known. The queser," etc., without more recorded mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Nevant, Cook ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager." "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farnur ( or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. Locomoliec engineer But in many Wom-

Statement of Cause of Death—Name, first, the Death rase causing death (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation, using always the same acceptable of the same disease. Examples: Cerebraspikal fever (the only definite synonym is "Epidemic cerebraspikal synonym is "Epidemi

"Debility" ("Congenital," "Senile," etc.), "Dropay,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease tions, such as "Asthenia," "Anaemia" (mcrely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menlclanus) may be stated under the head of "contributory." curbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head -homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing (secondary Whooping approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train ..... (name origin; "Cancer" is less definite; avoid perilonacum, etc., Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY death), 23 ds.; Bronchopnoumonia (secondary) resulting from childbirth or miscarriage as cough; or intercurrent) Chronic Carcinoma, Sarcoma, affection etc. The valendar heart disease; need contributory Measles; not be etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A Ithe data is essential and must be obtained before the cortificate is permanently filed.

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UREA

B.--Every item of information should be carefully eupplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD BINDING TH UNFADING INK---THIS IS A PERMA MARGIN RESERVED FOR WRITE PLAN

2

PLACE OF DEATH	STATE OF MARYLAND
County Cornly	CERTIFICATE OF DEATH
County County	Registration Dist. No. 6
Village or City Scelses (No	St.: Ward) (if death occurred is a hospital or institution, give Its NAME instead of etreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 NINGLE, MARRIED WIDOWED WIDOWED (Write the word)	16 DATE OF DEATH // 3 / 193 / (Mouth) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
Llan 915 ,860	
(Month) (Day) (Year	that I last saw halive on 192
7 AGE	and that death occurred on the date stated above, at 245.m.
dayhr	
yrs. — mos. ds. or min.	. Dead an my arrival of
(a) Trade, profession or	Jun shot want through
particular kind of work Jan Actor	- Third - Sucide
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yre de
9 BIRTHPLACE (State or country) Make Vaced.	Contributory Secondary
10 NAME OF Pratte Taylor	(Signed) Huson Olinge M.D
o 11 BIRTHPLACE	192) (Address)
Z (State or country) Juany Land	*State the Discase Causing Death, or, in deaths from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Salls Dill	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents or Recent Residents)
18 BIRTHPLACE	At place In the
OF MOTHER (State or country) Mars land.	of deathyrsds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Pearl Touslar (Nac	Former of Landscan
(Address) Desetane	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL April 25, 19 8
15 Filed 4-1 1931 2m 00 Genze Régistra	20 UNDERTAKER ADDRESS  ADDRESS  Lingul Mason Held
If more blanks are needed, address State Registr	rar 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process. Laborer, Coal mine, etc. Womthe first line will be sufficient, .. g.. Farmer or Planter, tired 6 yrs). For persons state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (o) Salesman, (b) (a) Foreman, (b) Automobile feetory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health business, that fact may be indicated thus; Formar (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of ployed, as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. nature of the business or industry, and therefore an Statement of Occupation-Precise statement of ocwhatever, write None. household only (not paid Househeepers who receive a Never return 'Laborer," "Foreman," "Manager," "Deal-For many occupations a single word or term on who have no occupation (b) persons enmaterial Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup ed term for the same disease. Examples: Cerebrospinal, to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the DIS EASE CAUSING DEATH (the primary affection with respect) Typhoid fever (never report "Typhoid Pneumonia" (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,")

> "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease tclanus) may be stated under the head of "contributory." "PUERPERAL septicacomia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) use of "Tumor" for malignant neoplasms); Meastes; inges, perilonaeum, etc., Coreinomu, Sarcomu,, etc., ef. . . . . . . . (name origin; "Cancer" is less definite; avoid State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis earbolic acid-probably smeide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY Chronic interstit of nephritis, Whooping American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condieough; Chronic etc. affection valvular The contributory heart need not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A the data is essential and must be obtained before the certificate is

permanently filed.

BINDIN

MARGIN RESERVED FOR

Every item of information should be carefully supplied. ACE chould be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. K S ITH UNFADING INK--THIS

		0.3	009	
PLAC	CE OF DEATH	THE RESERVE OF THE PARTY OF THE	STATE OF	MARYLAND
County	Canting		CERTIFICATE	
County		9/20		1 4
1.2	n D+my,		Registration	Dist. No. 63-
Village or C	FULL NAME JUNION JURGE	n	St: Ward	(If death occurred in a hospital or institu- tion, give its NAME is- stead of street and number.)
PERS	ONAL AND STATISTICAL PARTICULARS	М	EDICAL CERTIFICATE	OF DEATH
3 SEX	4 COLOR OR RACE 5 SINGLE.	16 DATE OF D	EATH	
male	Colored WIDOWED. OR DIVORCED Suptr	2 ml	anda. 2º	(Day) (Year)
6 DATE OF	BIRTH	17 1 H	EREBY CERTIFY, That hat	ended the deceased from
	(Month) (Day), 19/1	that I last saw	ham alive on Ma	192 /.
7 AGE	If LESS th	-1	occurred on the date states	above at 52 m.
	16 yrs. 6 mos. 11 ds. or mir	rs. The CAUSE OF	DEATIF* was as follows:	eardition
	on profession or fatored "			
	l nature of industry			······································
	r establishment in loyed or (employer)		(Duration)	nosd.
9 BIRTHPLA (State or		Contributor Secondary		a Majalland Marie
	- The grands	_	(Duration)	
10 NAME		(Signed)	agming far	М. D.
M 11 BIRTH		2/	193-/. (Address)	in the transfer
C (State	e or country) Laryland	Wielent Cau	the Disease Causing Death, ses, state (1) Means of Inuicidal or Homicidal.	or, in deaths from njury and (2) Whether
C 12 MAID	EN NAME SURY Surkin	18 LENGTH O	OF RESIDENCE (For Hospi ent Residents)	tals, Institutions, Trans-
13 BIRTI		At place	In the	
	OTHER e or Country) Wary-land	of deathyrs. Where was disea	440000000000000000000000000000000000000	teds.
14 THE ABOV	VE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place	of dea.h?	3 a 2 a 2 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2
0. (	Lucie Teesthin	Former or usual residence		
Onforma	ant) Isles wirden,	177		

If more banks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many fulness of various pursuits can be known. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more processor, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation (b) Automobile factory. The material (b) The ques-Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respec Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia") fever (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> American Medical Association.) approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Vinantition," "Marasmus," "Old Age," "Shock," stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the Measles;

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8

PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)	(If death	occurred in
, other descriptions		

tion, give its NAME instreet and stead. number.)

#### MEDICAL CERTIFICATE OF DEATH

***************************************	Mar		1925/
		(Day)	
HEREBY CE	RTIFY, That On	tended the de	coosed fra
HEREBY CE	198.0 . to /K	luch 1	192
t I lest saw h W of	ive on Mar	el 1	1923
			90

and that death occured on the date steted above, at .....

The CAUSE OF DEATH \* was as follows:

(Durstion)

(Duration)

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicald.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the State.....yrs.....mos...

ADDRESS

DATE OF BURIA

If more blanks are needed, address State Registrar, 7 W. Saratoga St., Balto., Requesting V. S. No. I.

(Approved by U. S. Census and American Public Health Association.)

er," etc., William, Laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesmon, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As cramples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, c. g.. Farmer or Planter, tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocstate occupation at beginning cfillness. If retired from gaged in domestic service for wages, as Servan't, Cook, Housemaid, etc. If the occupation has been changed en at home, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return 'Laborer,""Foreman,"" Lanager,""Dealworked on may form part of the second statement. whatever, write Nonc. report specifically the occupations of persons ento know (a) the kind of work and also (b) the 6 yrs). For many occupations a single word or term on without more precise specification as Day who are engaged in the duties of the For persons who have no occupation -Coul mine, etc. Wom-Locomotive engineer, (6)

Statement of Cause of Death—Name, first, the DI-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); "yphoid fever (never report "Typhoid Pneumonia"); "obar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, inges, peritonaeum, etc., Carcinoma, Sarcoma,, tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, "Exhaustion, "Debility" ("Congenital," "Senile," ctc.), "Dropsy, "Exhaustion," "Heart failure," "Hacmorrhage, causing Whooping Tas fracture of skull, and consequences (c. g., sepsis, telanus) may be stated under the head of "contributory". and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," (secondary Chronic interstilial nephritis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely (Recommendations on statement of cause of Examples: Aecidental drowning; Struck by railway train approved by American Mcdical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), cough; is indefinite); Tuberculosis of lungs, menor intercurrent) affection need Committee on Nomenclature Chronic valvular heart disease; etc. The contributory not be etc., ol

answered in detail, it will prevent further correspondence. A ithe data is essential and must be obtained before the certificate is permanently filed.

APR 4 1931
BUREAU Vinencity

	OF DEATH			03011	STATE	OF MA	ARYLAND
County	arolune		(		CERTIFIC	CATE	OF DEATH
	11 /				Registr	ation Dis	t. No. 4
Village or City	Trunster	(No					(If death occurred hospital or instit
²FUI	LL NAME BULL	mudf	lad (	. Warne			ion, give its NAME intend of street and umber.)
PERSON	NAL AND STATISTIC	AL PARTICUL	ARS	MEDIC	AL CERTIFIC	ATE OF	DEATH
male,	Block.	SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	ingle	16 DATE OF DEATH	mare	424	(Day) (Year)
6 DATE OF BIR		/4 (Day)	, 1936 (Year)	17 I HEREB	CERTIFY, The		ded the deceased from 25, 192/
7 AGE	yrs. 2 mo	10-	fLESS than	and that death occu	The second secon		ove, at 6,30 P.
business, or e	d of work	<ul><li>✓</li><li>✓</li></ul>		Contributory Secondary	Duration Duration	Gree	yre mos 10 d
12 MAIDEN	ACE ER country)	nd.	/ oxul				r, in deaths from y and (2) Whether
OF MOTH	ACE	nd		ients or Recent R. At place of deathyrs	nosds.	In the	, Institutions, Tran
(State or	IS TRUE TO THE BEST O	F MY KNOWLES	OGE	f not at place of dea	wacreu, ith?	94 - 000 - 000 - 040 - 000	
	William	w H W	aww	f not at place of dea	L OR REMOVAL	3	DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia. should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective or cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> stated unless important. approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perilonitis, "(Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); American Medical Association.) (Recommendations on statement of cause of death idenus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Uraemia, " "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Whooping cough; Chronic valuular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Example: Measles (disease affection need not be etc. The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County lo assolute	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or Sity Ridgely (No	St.: Ward)  St.: Ward)  Ward)  Winson  Registration Dist, No. 6  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE  White  White  White  Write the word  6 DATE OF BIRTH  Cleddliday of two bund, but been  Cleddliday of two bund, but been  Cleddliday of two bund, but been  (Month)  (Month)  (Day)  (Year)  7 AGE,  This was less thy and  (Month)  (Day)  (Year)  7 AGE,  This was less thy and  (Month)  (Day)  (Year)  7 AGE,  This was less thy and  I day hre.  The possion or particular kind of work  (b) General nature of industry  business, or establishment in which employed or (employer)  9 BIRTHPLACE  (State or country)  11 BIRTHPLACE  OF FATHER  (State or country)  12 MAIDEN NAME  OF MOTHER  (State or Country)  13 BIRTHPLACE  OF MOTHER  (State or Country)  ME  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	The CAUSE OF DEATH * was as follows:  (CINCLE CATTRO & C.
(Address) Redgely lyd.	19 PLACE OF BURGAL OR REMOVAL DATE OF BURGAL  AND LAND STORY  O UN DEPTAKER  LAND STORY  O UN DEPTAKER  LAND STORY  ADDRESS

le more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g. ged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Colton mill; (a) Salesman, Paysician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. Housemuid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). Rann laborer, Laborer-Coal minc, etc. Wom-For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Strtement of Cause of Death—Name, first, the DISEANL (NULLING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-pinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation can be ascertained as the cause. Always qualify all inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature Examples: Accidental drowning; Struck by wilway traintaken. For VIOLENT DEATHS state MEANS OF INJULY "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as cough; Chronic valvular heart disease; etc. The contributory was under-

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU

MARGIN

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Furmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, zazed in domestic service for wages, as Screant, Cook ployed, as At school or At home, (are should be taken definite salary), may be entered a. Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager." "Dealadditional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. Housemaid, etc. If the occupation has been changed to report work, or laborer, worked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-(a) Foreman, (b) Automobile factory. The material Civil engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc etc., 6 yrs.). For many occupations a single word or term on Furm laborer, Laborer-Coal mine, etc. Womspecifically the occ pations of persons enwithout more precise specification as Day Home, and children, not gainfully em-For persons who have no occupation Stationary firemen, etc. But in many

Statement of Cause of Death—Name. first, the pistase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epikemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Fyphoid fever (never report "Typhoid meumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

the certificate is permanently filed.

tions answered in detail, it will prevent further correspond

All the data is essential and must be obtained before

ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) head of "contributory." diseases resulting from childbirth or miscarriage as rhage." "Inanition." "Marasmus," "Old Age." "Shock," symptomatic), "Atrophy," "Collupse," conditions, such as "Asthenia." causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train—accident; Revolver Examples: Accidental drowning; as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under "PUERPERAL septicaemia." "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease "Dropsy," "Exhaustion." "Heart ary), 10 ds. Never report more symptoms or terminal (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); ...... (name origin; "Cancer" is less definite; uvoid inges, peritonaeum, etc., Caroinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-If this certificate is looked over thoroughly and all ques-FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Scnile," etc.), cough; Chronic valvulur heart disease; (Recommendations on statewound of head-homicide; "Anaemia" Struck by railway failure." "Haemor-"Coma," "Con-Meastes; The na-(second-(discase (merely

-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact CORD MARGIN RESERVED FOR BINDIN ITH UNFADING INK-THIS IS A PERMAN WRITE PLA.

V. S. No. 1

	PLACE OF DEATH	03014	STATE OF M	
1	County aroline	15E)	CERTIFICATE  Registration I	//
ficate.	Villago of City Toldsford (No	haud	St.:Ward)	(If death occurred is a hospital or institu- tion, give its NAME in stead of street and number.)
Serti	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
ack of	Male White Single, Market Start Williams (Write the word)	16 DATE OF DEATH	3 (Month)	6 , A2/
ons on be	6 DATE OF BIRTH  (Month) (Day) (Year)	fue		ended the deceased from
Instructi	TAGE  Ubruh 8 / yrs. mos. ds. or min.?	The CAUSE OF DEAT		above, atm
ant. See ir	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)		(Duration C)	Anown do
ery impor	9 BIRTHPLACE (State or country)  10 NAME OF FATHER  FATHER	Contributory W Secondary (Signed)	Maration)	yramos./Uds
ION is ve	11 BIRTHPLACE OF FATHER (State or country)  Many land		sease Causing Death, ate (1) Means of In or Homicidal.	or, in deaths from jury and (2) Whether
OCCUPAT	of MOTHER WANTENDER  13 BIRTHPLACE OF MOTHER (State or Country) WANTENDER	18 LENGTH OF RESients or Recent Resolution  At place of deathyrs	sidents) In the os. Stat	cyrsde
ent of	(Informant) IS JUNEY HALL	if not at place of dead Former or usual residence	L OR REMOVAL	DATE OF BURIAL
statem	(Address) File Mw. 9 t 1931 f. Man Profiter	Sullus mo Rupmon la	avlingo 3	JODRESS Wellistnopp
	If more bianks are needed, address State Registra	r, 16 W. Saratoga St., I	Balto., Requesting V.	5. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmar (restate occupation at beginning of illness. If retired or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Goods ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on or At Home, and children, yrs). Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day For persons who have no occupation factory. The material not gainfully Grocery, Wommon, en

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